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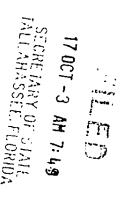
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OCT 03 2017

J SHIVERS

COVER LETTER

Division of Corporations SY GLOBAL SHARED SERVICES CENTER LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JORGE SALCEDO Name of Person SALCEDO ATTORNEYS AT LAW Firm/Company 200 S BISCAYNE BLVD, SUITE 2700 Address MIAMI, FL. 33131 City/State and Zip Code DCASTRO@LAWJSH.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JORGE SALCEDO 3750640 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GLOBAL SHARED SERVICES CE		
(Name of the Lin	ited Lability Company as it new sapes (A Florida Limited Liability Company)	ra on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{0}{2}$	ህ17/2017	and assigned
-	 		
This amendment is submitted to amend the fol	nowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STRE	cable:	lesignation "LLC" or the abbrev	lation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the	Time of the new
Name of New Registered Agent:	Register Agent Solutions Inc		STAN
New Registered Office Address:	155 Office Plaza Dr, Suite A		
-	Enter Flo	rida street address	
	Tallahassee	, Florida 3230 F	
	City	3	Tode Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

> Adam Saldana, Asst. Sec. If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			Add
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Page 3 of 3

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